



## **Organizational Application Submission Criteria**

### **Information/documentation that must be submitted in order for application to be reviewed:**

CCHP requires providers to submit the following materials for review. Initial applicants must submit the following information in order to be considered for credentialing:

1. Valid, current and unrestricted license or certification to operate in Wisconsin. The license must be in good standing with no sanctions
2. Valid and current Medicare and Medicaid certification (lack of sanctions or debarment)
3. General/comprehensive liability insurance as well as errors and omissions (malpractice) of not less than \$1,000,000 per occurrence and \$3,000,000 in the general aggregate. The pertinent network agreement may require coverage that exceeds the minimum level described above
4. Accredited organizational providers must provide proof of current accreditation status conducted during the previous three year period and active federal or state licensure as applicable (accreditation report, certificate or decision letter). CCHP will accept accreditation results from:
  - AAAASF – American Association for Accreditation of Ambulatory Surgery Facilities
  - AAHC – Accreditation Association for Ambulatory Health Care
  - ACHC – Accreditation Commission for Health Care
  - CARF/CCAC – Commission on Accreditation of Rehabilitation Facilities/Continuing Care Accreditation Commission
  - CHAP – Community Health Accreditation Program
  - CCAC - Continuing Care Accreditation Commission
  - CIHQ – Center for Improvement in Healthcare Quality
  - COA – Council on Accreditation
  - COLA – Commission on Office Accreditation
  - HFAP – Healthcare Facilities Accreditation Program
  - NCQA – National Committee for Quality Assurance
  - NIAHO/DNV – GL – National Integrated Accreditation for Healthcare/Det Norske Veritas and Germanischer Lloyd
  - TJC – The Joint Commission

- Other – CMS Division of Quality Assurance

5. Attest to an absence of history of involvement in a malpractice suit, arbitration, or settlement that has resulted in limitations, restrictions, or actions against Accreditation or CMS standings. Organizations shall provide documentation relative to any fact or circumstance, whether or not relating to the organizational criteria, which potentially may affect the organization's ability to deliver appropriate care to CCHP members.
6. Attest to an absence of a history of denial or cancellation of professional liability insurance, or in the case of a provider with such a history, providers shall provide complete documentation relative to any denial or cancellation of professional liability insurance. Providers shall not be admitted to the CCHP network to the extent any such denial or cancellation of professional liability insurance, together with other factors in this policy, is determined to bear negatively upon professional competence or conduct, or ability to successfully participate in the network.
7. Attest to an absence of a history indicating (in the sole discretion of CCHP) a tendency toward inappropriate utilization management of medical records.
8. Attest to an absence of history of indictment or criminal conviction; or in the case of a provider with this history, evidence must be provided, in the form of comprehensive narrative, to include all information relevant to the action taken and its satisfactory resolution. Provider shall not be admitted to CCHP network to the extent any indictment or criminal conviction, together with other factors in this policy are determined to bear negatively upon professional competence or conduct, or ability to successfully participate in the network.

In addition to licensure and other eligibility criteria for organizational providers, as described in detail below, all organizational providers are required to maintain accreditation by an appropriate, recognized accrediting body or, in absence of such accreditation, CCHP may evaluate the most recent site survey by Medicare or applicable Wisconsin oversight agency performed within the past 36 months for a given organizational provider. Providers must attest that they credential their practitioners. During the recredentialing process, CCHP will review the verification elements shown in "Criteria to be Organizationally Credentialed" unless otherwise required by applicable regulatory or accrediting bodies.

